

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-815,649

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
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31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				3		
40				3		
41				3		
42				3		
43				3		
44				3		
45				3		
46				3		
47				3		
48				3		
49				3		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				3		
52				3		
53				3		
54				3		
55				3		
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97						
98						
99						
100						
TOTAL IND.				1		
TOTAL DEP.				81		
TOTAL CLAIMS				82		